



Docket No.: Rennich-001

First Named Inventor: Henry Rennich

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: Henry Rennich

Serial No.: 10/688053  
Filed: 10/20/03  
Art Group:  
Title: External Incontinence Clamp  
Examiner:  
Docket No.: Rennich-001

PETITION TO MAKE SPECIAL BECAUSE OF INVENTOR'S AGE

PURSUANT TO 37 C.F.R. § 1.102 and MPEP § 708.02

Director of the United States Patent and Trademark Office

Attention: Commissioner for Patents

P.O. Box 1450  
Alexandria, VA 22313-1450

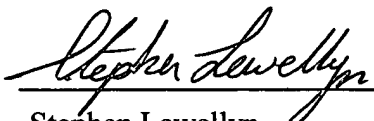
Dear Sir:

Applicant hereby petitions to make this application special because of inventor's age.

Accompanying this petition are the following:

- (1) Declaration by Inventor in Support of Petition to Make Special Because of Inventor's Age.

Respectfully submitted,

  
Stephen Lewellyn

Date: Dec. 1, 2003

Agent (reg. no. 51,942)



Docket No. RENNICH-001

**DECLARATION OF INVENTOR'S AGE****Under 37 CFR 102(c)**

I, **Henry Rennich** state that I am of the age 82 and I am making this statement to satisfy 37 CFR 102(c) to petition to make special based upon my age.

I hereby declare that all statements made herein of my knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or patent issued thereon.

**Henry Rennich**

23 Scandia Point N.W.  
Calgary, Alberta T3L 1T6

Nov. 10, 2003

Date



Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)  
Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Applicati n Number</b>	10/688053	
	<b>Filing Date</b>	10/20/2003	
	<b>First Named Inventor</b>	Henry Rennich	
	<b>Group Art Unit</b>		
	<b>Examiner Name</b>		
<b>Total Number of Pages in This Submission</b>	2	<b>Attorney Docket Number</b>	RENNICH-001

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Declaration of Inventor's age
<b>Remarks</b> The following correspondence is in regard to petitioning to make special based upon the invenor's age under 37 CFR 1.102.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Stephen J. Lewellyn
Signature	
Date	Dec. 1st 2003

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <input type="text"/>	
Typed or printed name	
Signature	Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.